

<b>Case Number:</b>	CM14-0161154		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female who reported an injury on 07/31/2013. The mechanism of injury occurred when she was squatting and pulling while working on a chair. Diagnoses included lumbar and thoracic disc displacement without myelopathy, and cervical sprain/strain. Past treatments included physical therapy and medications. Pertinent diagnostic included an unofficial x-ray of the lumbar spine, reported as negative and unofficial MRIs of the cervical and lumbar spine. The results of the MRIs were not provided. Pertinent surgical history was not provided. The clinical note dated 08/13/2014 indicated the injured worker complained of moderate to severe pain in the cervical, thoracic and lumbar spine. She reported that the pain occasionally radiated down the bilateral lower extremities. The physical exam revealed tenderness and spasm with palpation to the cervical, thoracic and lumbar spine. Kemp's test was noted as positive, and the right Achilles reflex was decreased. Current medications included topical compound Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, and compound Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, and Ibuprofen 800 mg. The treatment plan included work conditioning/hardening screening for L-spine and C-spine, psychosocial factors screening for L-spine and C-spine, qualified functional capacity evaluations for L-Spine and C-Spine, Compound Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% 180 Grams, and Flurbiprofen 15%, Cyclobenzaprine %, Baclofen 2%, Lidocaine 5% 180 grams. The rationale for treatment included control of symptomatic pain and inflammation, evaluate psychosocial barriers to recovery, screening for admission into a work hardening program, and to determine the injured worker's readiness to work.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Work conditioning/hardening screening for L-spine and C-spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Functional restoration programs (FRPs) Page(s): 49.

**Decision rationale:** The request for Work conditioning/hardening screening for L-spine and C-spine is not medically necessary. The California MTUS Guidelines recommends work hardening, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. The injured worker was noted to be performing work duties as permitted under work restrictions. The request does not indicate the time frame or number of sessions for treatment, and the guidelines indicate that screening for the requested program is still under investigation. Therefore the treatment plan cannot be supported at this time, and the request for Work conditioning/hardening screening for L-spine and C-spine is not medically necessary.

**Psychosocial factors screening for L-spine and C-spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Chronic pain, Psychological evaluations Page(s): 100-101..

**Decision rationale:** The request for Psychosocial factors screening for L-spine and C-spine is not medically necessary. The California MTUS guidelines indicate that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Psychosocial evaluations should determine if further psychosocial interventions are indicated. There is a lack of clinical documentation for the rationale of treatment, including subjective complaints or exam findings of psychosocial issues. Additionally, the request does not include a time frame or the number of sessions to be completed. Therefore the treatment plan cannot be supported at this time, and the request for Psychosocial factors screening for L-spine and C-spine is not medically necessary.

**Qualified functional capacity evaluations for L-spine and C-spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examination and Consultations, page 132-139

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty, Functional capacity evaluation (FCE)

**Decision rationale:** The request for qualified functional capacity evaluations for L-spine and C-spine is not medically necessary. The California MTUS/ACOEM guidelines indicate that it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The Official Disability Guidelines go on to state that a functional capacity evaluation is not recommended for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. In the clinical note dated 08/13/2014, the physician indicated the injured worker had functional deficits. The guidelines, however, do not recommend a functional capacity evaluation for screening purposes, or to indicate whether or not a person can do their job. Therefore, the treatment plan cannot be supported at this time, and the request for qualified functional capacity evaluations for L-spine and C-spine is not medically necessary.

**Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 18 and 111-113..

**Decision rationale:** The request for Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% 180gm is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine in the formulation of a dermal patch Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Topical Gabapentin is not recommended, and there is no peer-reviewed literature to support its use. Topical NSAIDs are recommended for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. They are not recommended for neuropathic pain as there is no evidence to support its use. The injured worker had been taking the requested compound since at least 06/2014. There is a lack of documentation of the efficacy of the requested compound, including quantified pain relief and functional improvement. The request contains topical gabapentin, and topical lidocaine in a formulation other than Lidoderm, both of which are not approved by the guidelines. Additionally, the request does not indicate the frequency or specific location for using the requested medication. Therefore the treatment plan cannot be supported at this time, and the request for Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% 180gm is not medically necessary.

**Flurbiprofen 15%, Cyclobenzaprine @%, Baclofen 2%, Lidocaine 5%, 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Topical analgesics Page(s): 111-113..

**Decision rationale:** The request for Flurbiprofen 15%, Cyclobenzaprine @%, Baclofen 2%, Lidocaine 5%, 180gm is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs are recommended for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. They are not recommended for neuropathic pain as there is no evidence to support its use. The guidelines indicate that there is no evidence for the use of any muscle relaxant as a topical product. Topical baclofen is not recommended, and there is no peer-reviewed literature to support its use. Topical lidocaine in the formulation of a dermal patch Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The injured worker had been taking the requested compound since at least 06/2014. There is a lack of documentation of the efficacy of the requested compound, including quantified pain relief and functional improvement. The request contains topical gabapentin, and topical lidocaine in a formulation other than Lidoderm, both of which are not approved by the guidelines. Additionally, the request does not indicate the frequency or specific location for using the requested medication. Therefore the treatment plan cannot be supported at this time, and the request for Flurbiprofen 15%, Cyclobenzaprine @%, Baclofen 2%, Lidocaine 5%, 180gm is not medically necessary.